

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

RECEIVED

JAN 29 2007

IDFPR (MPC)
DIVISION OF INSURANCE
 May 31, 2007

Change in Company's premium or rate level produced by rate revision effective _____

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> Line of Insurance | 2,539,689 | -2.8 |

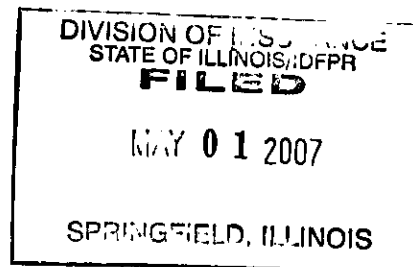
Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Delay adoption of NCCI rates, change our deviation from 1.02 to 1.00 and adopt the seven hazard groups reference in NCCI Item Filing B-1403, to be effective May 1, 2007.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Amerisure Insurance Company
 Name of Company

Tracy Upcott - Compliance Analyst I
 Official - Title


ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 06/01/2007.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | 916,899 | -5% |
| 16. Other | | |
| Line of Insurance | | |

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JUN 01 2007

SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) AmGUARD will be
implementing a deviation of -5% from the January 1, 2007 NCCI advisory rates effective June 1, 2007.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

AmGUARD Insurance Company

Name of Company

Greg Harchar, State Filings Representative

Official — Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective NB: 07/30/07 Ren: 07/30/07

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation.</u> | \$18,393,338 | -0.3% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing following rates of an advisory organization, specify organization): We are implementing a 5% discount for all policyholders who choose to pay the entire premium in full.

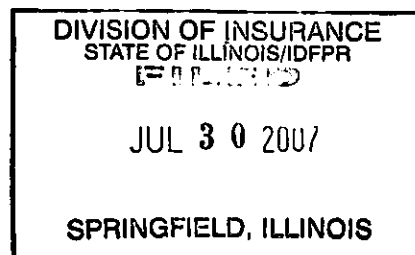
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Auto-Owners Insurance Company
Name of Company

Jennifer L. Smith, Administrator
Official - Title

30004 (6-77)



DIVISION 754
STATE OF ILLINOIS/IDFPR
FILED

AUG 01 2007

SPRINGFIELD

Section 754 EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective August 1, 2007

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Worker's Compensation | 460,810 | +15.1 |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adopting the NCCI January 2007 advisory loss costs

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Iowa American Insurance Company

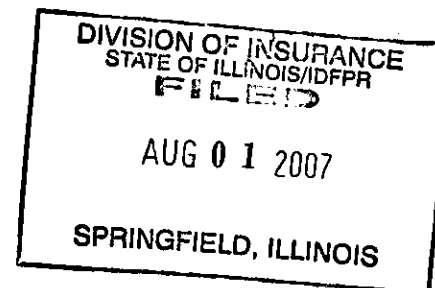
Name of Company
Beverly Barber - Compliance

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision
effective August 1, 2007.

| (1) | (2) | (3) |
|--|---------------------------------------|-----------------------------|
| Coverage | Annual Premium Volume (Illinois) * | Percent Change (+or-) ** |
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damag Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Worker's Compensation</u> <u>Life of Insurance</u> | <u>2,323,281</u> | <u>+15.1</u> |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: NO

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adopting the
NCCI January 2007 advisory loss costs

*Adjusted to reflect all prior rate changes

**Change in Company's premium level which will result from application of new
rates.

Iowa Mutual Insurance Co

Name of Company

Beverly Barber - Compliance

Official - Title

RECEIVED

MAY 18 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective June 1, 2007

| | (1) | (2) | (3) |
|-----|----------------------------|--|--------------------------------------|
| | <u>Coverage</u> | <u>Annual Premium Volume (Illinois)*</u> | <u>Percent Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other <u>Workers Comp</u> | 2,742,019 | -18.8% |
| | <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

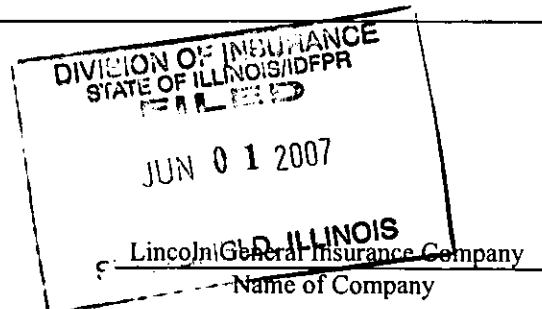
Revise Loss Cost Multiplier for all class codes except for 7228, 7229, 7230, 7231, 7380, 7382, 8288, 8350, 8385X, and 7360X.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Revise Loss Cost Multiplier for all class codes except for 7228, 7229, 7230, 7231, 7380, 7382, 8288, 8350, 8385X, and 7360X.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

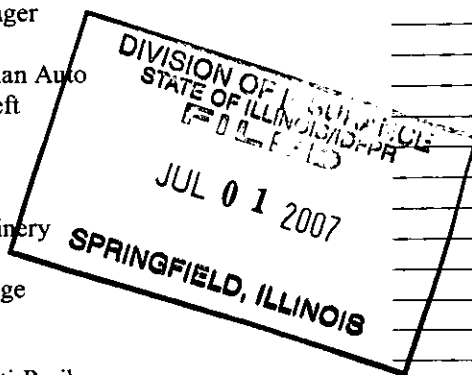
Actuarial ConsultantOfficial - Title

H29219D

ILLINOIS SUMMARY SHEET FORM RF-3

Change in Company's premium or rate level produced by rate revision effective: 07/01/2007_____

| (1) Coverage | | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-----------------|----------------------------|---|-------------------------------------|
| 1. | Automobile Liability | _____ | _____ |
| | Private Passenger | _____ | _____ |
| | Commercial | _____ | _____ |
| 2. | Automobile Physical Damage | _____ | _____ |
| | Private Passenger | _____ | _____ |
| | Commercial | _____ | _____ |
| 3. | Liability Other than Auto | _____ | _____ |
| 4. | Burglary and Theft | _____ | _____ |
| 5. | Glass | _____ | _____ |
| 6. | Fidelity | _____ | _____ |
| 7. | Surety | _____ | _____ |
| 8. | Boiler and Machinery | _____ | _____ |
| 9. | Fire | _____ | _____ |
| 10. | Extended Coverage | _____ | _____ |
| 11. | Inland Marine | _____ | _____ |
| 12. | Homeowners | _____ | _____ |
| 13. | Commercial Multi-Peril | _____ | _____ |
| 14. | Crop Hail | _____ | _____ |
| 15. | Workers Compensation | 14,039,183 | -.5% |
| 16. | Other: | _____ | _____ |



Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing (if filing follows rates of any advisory organization, specify organization).

Deviated rates for 18 classifications and new miscellaneous values. New rates for classes 3145, 3632, 8001, 8006, 8008, 8010, 8017, 8018, 8021, 8033, 8046, 8832, 9052, 9058, 9060, 9082, 9083, 9586

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Midwest Insurance Company

Name of Company

Larry E. Hochstetler/VP lanning/Development

Official - Title

RECEIVED

JAN - 8 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

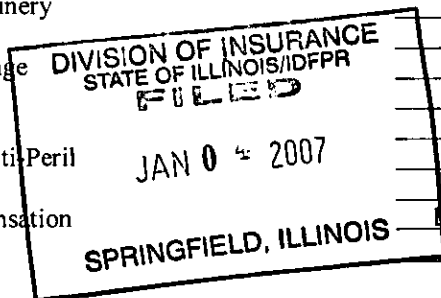
ILLINOIS

ILLINOIS SUMMARY SHEET
FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:

01-04-2007

| (1) Coverage | | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-----------------|---|---|-------------------------------------|
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi Peril | | |
| 14. | Crop Hail | | |
| 15. | Workers Compensation | 14,247,237 | -1% |
| 16. | Other: | | |



Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing (if filing follows rates of any advisory organization, specify organization).

Midwest Insurance Company is filing our own company rates based on NCCI 2007 rates with some deviation.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Midwest Insurance Company

Name of Company

Larry E. Hochstetler-VP Planning

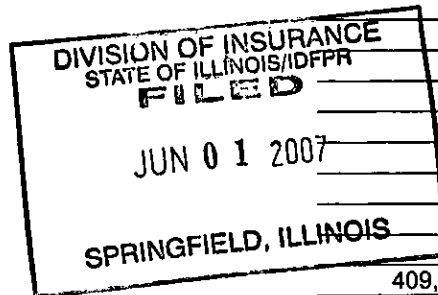
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 06/01/2007.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | | |
| 16. Other | | |
| Line of Insurance | 409,205 | -5% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) NorGUARD is removing it's deviation of +5% and will use January 1, 2007 NCCI advisory rates without deviation effective June 1, 2007.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

NorGUARD Insurance Company

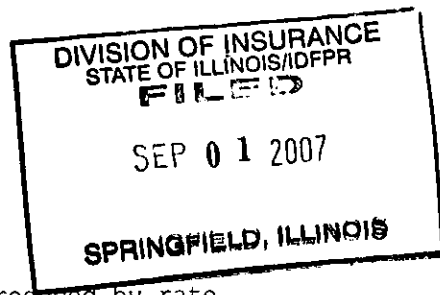
Name of Company

Greg Harchar, State Filings Representative

Official — Title

Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective September 1, 2007.

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---------------------------------------|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | <u>220,000</u> | <u>7.6%</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This filing is being made to convert from using NCCI rates to NCCI developed loss costs.

Applying a 1.64 LCM to NCCI

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

JAN. 1, 2007 loss cost.

Old Republic General Insurance Corporation
Name of Company

Deborah J Matthews - Assistant Vice President, Compliance
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective NB: 07/30/07 Ren: 07/30/07

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation.</u> | <u>\$23,107,373</u> | <u>-0.3%</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing following rates of an advisory organization, specify organization): We are implementing a 5% discount for all policyholders who choose to pay the entire premium in full.

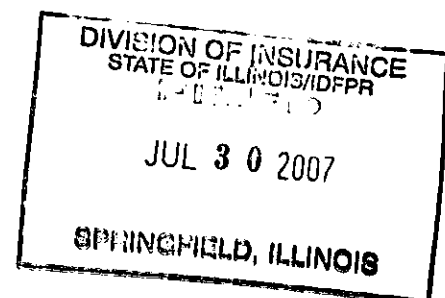
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Owners Insurance Company
Name of Company

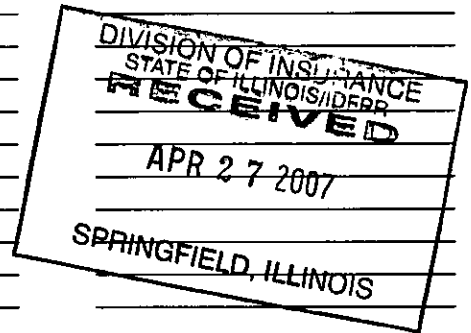
Jennifer L. Smith, Administrator
Official - Title

30004 (6-77)



Change in Company's premium or rate level produced by rate revision effective 08/01/2007

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | <u>1,673,908</u> | <u>-3.8%</u> |
| <u>Line of Insurance</u> | | |

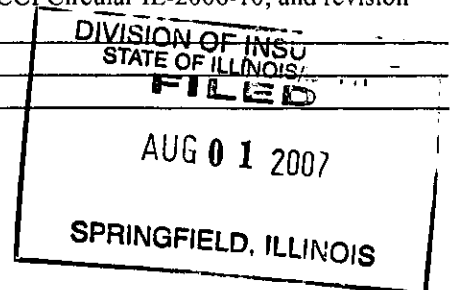


Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI's 01/01/2007 rates and rating values referenced in NCCI Circular IL-2006-11; NCCI Item B-1394 referenced in NCCI Circular IL-2006-02; NCCI Item B-1399 referenced in NCCI Circular IL-2006-10; and revision of company rate deviation.



* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Sompo Japan Ins. Co. of America
Name of Company

Sheila Barclift
Sheila Barclift,
State Filings Manager

Official - Title